



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
RADIOLOGICAL HEALTH SECTION
CERTIFICATE – DISPOSITION OF RADIOISOTOPES**

LICENSEE (Institution, firm, hospital, person, etc.)	LICENSE NUMBER
ADDRESS	
DEPARTMENT(S)	

CERTIFICATION

The licensee or any individual executing this certification on behalf of the licensee certify that (check appropriate item(s) below):

- ☐ A. No radioactive materials have been procured and/or possessed by the licensee.
- ☐ B. All radioactive materials (for termination) **OR**
- ☐ C. Specific radioactive materials (list below)

procured and/or possessed by licensee under Radioactive Material License No. _____

- ☐ (1) have been transferred to (state name of institution, firm, hospital, person, etc.)

which has Radioactive Material License No. _____ issued by _____.

- ☐ (2) have been disposed of by decay.
- ☐ (3) have been disposed of in compliance with the provisions of He-P 4023, New Hampshire Rules for the Control of Radiation. Provide documentation of specific disposal procedures.
- ☐ (4) will not be used in the State of New Hampshire.

CERTIFICATE: I certify under penalty of law that this document and all attachments were prepared in conformity with the New Hampshire Rules for the Control of Radiation under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Signatory

Date: _____

Name and Title (type or print)